Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 1 of 41

| B1 (Official Form 1)(04/  |                                |                                      | ~   |   | <del>oannon</del>  |  | go ± 0.  |   |  |  |                               |           |
|---|--------------------------------|--------------------------------------|---|---|--|--|--|---|--|--|-------------------------------|-----------|
|   |                                | United S<br>No                       |   |   | ruptcy<br>of Illino  |  |  |   |  | Vol  | untary Peti                   | tion      |
| Name of Debtor (if indiv<br>Benjamin, Tommy   |                                | er Last, First,                      | Middle):  |   |  | Name   | of Joint De  | ebtor (Spouse)  | ) (Last, First                               | , Middle):   |                               |           |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |                                |                                      |   |   |  |  | used by the J<br>maiden, and                       |   |  | 3 years  |                               |           |
| Last four digits of Soc. S (if more than one, state all)  xxx-xx-6958   | ec. or Indi                    | vidual-Taxpa                         | yer I.D. (  | ITIN)/Com                                     | plete EIN  | Last fo  | our digits o                                       | f Soc. Sec. or  | Individual-                                  | Гахрауег I.  | D. (ITIN) No./Comp            | plete EIN |
| Street Address of Debtor<br>802 N Southgate S<br>McHenry, IL  | *                              |                                      | nd State)   | :   | am a i   |  | Address of   | Joint Debtor  | (No. and Str                                 | reet, City, a  | ŕ                             | ma.       |
|   |                                |                                      |   | Г   | ZIP Code<br><b>60050</b>   | -  |  |   |  |  | ZI                            | IP Code   |
| County of Residence or o  | of the Princ                   | cipal Place of                       | Business  |   |  | Count  | y of Reside  | ence or of the  | Principal Pla                                | ace of Busi  | ness:                         |           |
| Mailing Address of Debt   | or (if diffe                   | rent from stre                       | eet addres  | s):   |  | Mailir   | ng Address   | of Joint Debto  | or (if differe                               | nt from str  | eet address):                 |           |
|   |                                |                                      |   |   | ZIP Code   | _  |  |   |  |  | ZI                            | IP Code   |
| Location of Principal Ass<br>(if different from street as   | sets of Bus<br>ddress abo      | siness Debtor<br>ve):                |   |   |  | <b>I</b>   |  |   |  |  |                               |           |
| Type of   |                                | one hov)                             |   |   | of Business  |  |  | -   | of Bankrup<br>Petition is Fi                 | •  | Under Which                   |           |
| (Form of Organization) (Check one box)  Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) |                                |                                      | ☐ Health Care Business ☐ Single Asset Real Estate as def in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank |   | defined  | ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt                    | er 7<br>er 9<br>er 11<br>er 12                     | ☐ Cl<br>of<br>☐ Cl  | hapter 15 F<br>a Foreign<br>hapter 15 F      | Petition for Recognit<br>Main Proceeding<br>Petition for Recognit<br>Nonmain Proceedin | ion                           |           |
| Chapter 15  | 5 Debtors                      |                                      | Othe  |   |  |  |  |   |  | e of Debts   |                               |           |
| Country of debtor's center of<br>Each country in which a for<br>by, regarding, or against del   | reign procee                   | ding                                 | unde  | (Check box<br>or is a tax-ex<br>r Title 26 of | mpt Entity  I, if applicable  I applicable  I applicable  I be united St  I Revenue Co | e)<br>zation<br>tates                                      | defined<br>"incurr                                 | are primarily co<br>d in 11 U.S.C. §<br>red by an indivio<br>anal, family, or l | nsumer debts,<br>101(8) as<br>dual primarily | for  | Debts are prin business debts | -         |
| Fili  | ng Fee (C                      | heck one box                         | .)  |   | Check  | one box:   | 1  | Chap  | ter 11 Debt                                  | ors  |                               |           |
| ■ Full Filing Fee attached □ Filing Fee to be paid in attach signed application debtor is unable to pay from 3A. □ Filing Fee waiver request  | n for the cou<br>fee except in | art's considerati<br>n installments. | on certifyi<br>Rule 1006(   | ng that the b). See Offic                     | ial Check  | Debtor is not if: Debtor's agging less than all applicable | a small busing regate nonco \$2,490,925 (ee boxes: | amount subject  | lefined in 11 U                              | J.S.C. § 101   |                               |           |
| attach signed application   |                                |                                      |   |   | BB.   🗖 A  | Acceptances  | of the plan w                                      | this petition.<br>were solicited pros.C. § 1126(b).                             | epetition from                               | one or mor   | e classes of creditors,       |           |
| Statistical/Administrati  ■ Debtor estimates that  □ Debtor estimates that there will be no funds   | funds will<br>, after any      | be available exempt prop             | erty is ex  | cluded and                                    | administrati   |  | es paid,   |   | THIS   | SPACE IS   | FOR COURT USE ON              | ILY       |
| Estimated Number of Cre  1- 50- 49 99   | editors  100- 199              | 200-                                 | 1,000-<br>5,000   | 5,001-<br>10,000                              | 10,001-<br>25,000  | 25,001-<br>50,000  | 50,001-<br>100,000                                 | OVER 100,000  |  |  |                               |           |
| Estimated Assets  | \$100,001 to<br>\$500,000      | \$500,001<br>to \$1                  | \$1,000,001<br>to \$10<br>million   | \$10,000,001<br>to \$50<br>million            | \$50,000,001<br>to \$100<br>million  | \$100,000,001<br>to \$500<br>million                       | \$500,000,001<br>to \$1 billion                    |   |  |  |                               |           |
| Estimated Liabilities  \$0 to \$50,001 to \$50,000 \$100,000  | \$100,001 to<br>\$500,000      | \$500,001<br>to \$1                  | \$1,000,001<br>to \$10<br>million   | \$10,000,001<br>to \$50<br>million            | \$50,000,001<br>to \$100<br>million  | \$100,000,001<br>to \$500<br>million                       | \$500,000,001 to \$1 billion                       |   |  |  |                               |           |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main

Document Page 2 of 41

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Benjamin, Tommy (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: Northern District of Illinois 13-83473 10/09/13 Case Number: Date Filed: Location Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ David Cutler April 15, 2015 Signature of Attorney for Debtor(s) (Date) **David Cutler** Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Page 3 of 41 Document **B1** (Official Form 1)(04/13)

#### Voluntary Petition

(This page must be completed and filed in every case)

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Tommy Benjamin

Signature of Debtor Tommy Benjamin

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 15, 2015

Date

#### Signature of Attorney\*

#### X /s/ David Cutler

Signature of Attorney for Debtor(s)

#### David Cutler

Printed Name of Attorney for Debtor(s)

#### Cutler & Associates, Ltd

Firm Name

4131 Main Street Skokie, IL 60076

Address

#### Email: david@cutlerltd.com

847-673-8600 Fax: 847-673-8636

Telephone Number

April 15, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Benjamin, Tommy

#### **Signatures**

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

## Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 4 of 41

B 1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court Northern District of Illinois

| In re | Tommy Benjamin |           | Case No. |    |
|-------|----------------|-----------|----------|----|
|       |                | Debtor(s) | Chapter  | 13 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

# Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 5 of 41

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | Page 2   |
|--|--|
| mental deficiency so as to be incapable of reafinancial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § | 109(h)(4) as impaired by reason of mental illness or alizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or |
| ☐ 5. The United States trustee or bankruptcy   | administrator has determined that the credit counseling  |
| requirement of 11 U.S.C. § 109(h) does not apply in I certify under penalty of periury that the                    | this district.  information provided above is true and correct.  |
| - contact pointing of program y that the   | F  |
| Signature of Debtor:   | /s/ Tommy Benjamin   |
|  | Tommy Benjamin   |
| Date: April 15, 2015   |  |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 6 of 41

B6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Tommy Benjamin |        | Case No. |    |
|-------|----------------|--------|----------|----|
| -     |                | Debtor |          |    |
|       |                |        | Chapter  | 13 |
|       |                |        |          |    |

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property  | Yes                  | 3                | 30,000.00         |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 27,491.00   |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 2                |                   | 4,692.00    |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 1,047.00 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 909.00   |
| Total Number of Sheets of ALL Schedules  |                      | 15               |                   |             |          |
|  | Т                    | otal Assets      | 30,000.00         |             |          |
|  |                      |                  | Total Liabilities | 32,183.00   |          |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 7 of 41

B 6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Tommy Benjamin |        | Case No. |    |
|-------|----------------|--------|----------|----|
| -     |                | Debtor |          |    |
|       |                |        | Chapter  | 13 |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00     |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 4,352.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 4,352.00 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 1.047.00  |
|--|-----------|
| Tronge moone (non-senedate 1, 2me 12)  | 1,047.100 |
| Average Expenses (from Schedule J, Line 22)  | 909.00    |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 723.00    |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 0.00     |
|--|------|----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |          |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00     |
| 4. Total from Schedule F   |      | 4,692.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 4,692.00 |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 8 of 41

B6A (Official Form 6A) (12/07)

| In re | Tommy Benjamin | Case No     |  |
|-------|----------------|-------------|--|
| -     |                | ,<br>Debtor |  |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Community

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

(Report also on Summary of Schedules)

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 9 of 41

B6B (Official Form 6B) (12/07)

| In re | Tommy Benjamin | Case No |  |
|-------|----------------|---------|--|
|       |                | Debtor  |  |

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property              | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|---|--|
| 1.  | Cash on hand  | X                |   |   |  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | Checking - Chase                                  | -   | 100.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | ;                | Security Deposit with landlord                    | -   | 500.00   |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | ļ                | Personal possessions in home at liquidation value | -   | 1,000.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X                |   |   |  |
| 6.  | Wearing apparel.  | I                | Personal clothing                                 | -   | 400.00   |
| 7.  | Furs and jewelry.   | X                |   |   |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |   |   |  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | X                |   |   |  |
| 10. | Annuities. Itemize and name each issuer.  | X                |   |   |  |
|     |   |                  |   |   |  |
|     |   |                  |   | Sub-Tota                                    | al > <b>2,000.00</b>   |

**2** continuation sheets attached to the Schedule of Personal Property

(Total of this page)

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 10 of 41

B6B (Official Form 6B) (12/07) - Cont.

|     | re Tommy Benjamin   |                  | Debtor                                   |   |  |
|-----|---|------------------|--|---|--|
|     |   | SCHEDULE         | B - PERSONAL PROPER (Continuation Sheet) | RTY   |  |
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property     | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | Х                |  |   |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |  |   |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |   |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |  |   |  |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |   |  |
| 16. | Accounts receivable.  | X                |  |   |  |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars   |                  |  |   |  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | х                |  |   |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |  |   |  |
|     |   |                  |  | Sub-Tot<br>Total of this page)              | al > <b>0.00</b>   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Page 11 of 41 Document

B6B (Official Form 6B) (12/07) - Cont.

| In re  | Tommy Benjamin | Case No. |
|--------|----------------|----------|
| 111 16 |                | Case No. |

Debtor

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and  | 2                | 015 Toyota Camry                     | -   | 28,000.00   |
|     | other vehicles and accessories.   | 2                | 015 Honda Accord (leased vehicle)    | -   | 0.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page)

Total >

30,000.00

28,000.00

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Page 12 of 41 Document

B6C (Official Form 6C) (4/13)

Wearing Apparel Personal clothing

| In re | Tommy Benjamin |        | Case No. |  |
|-------|----------------|--------|----------|--|
| _     |                | Debtor | ,        |  |

| SCHEDULE C - P   | PROPERTY CLAIMED AS E                      | XEMPT                            |   |
|--|--|----------------------------------|---|
| Debtor claims the exemptions to which debtor is entitled under (Check one box)  11 U.S.C. \$522(b)(2)  11 U.S.C. \$522(b)(3) | \$155,675. (Amount sub                     | ject to adjustment on 4/1/       | mption that exceeds (16, and every three years thereafter or after the date of adjustment.) |
| Description of Property  | Specify Law Providing<br>Each Exemption    | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption                                 |
| Checking, Savings, or Other Financial Accounts, Certi<br>Checking - Chase 73   | ficates of Deposit<br>55 ILCS 5/12-1001(b) | 100.00                           | 100.00  |
| Security Deposits with Utilities, Landlords, and Others Security Deposit with landlord 73                                    | 5<br>35 ILCS 5/12-1001(b)                  | 500.00                           | 500.00  |
| Household Goods and Furnishings Personal possessions in home at liquidation value 73   | 85 ILCS 5/12-1001(b)                       | 1,000.00                         | 1,000.00  |

735 ILCS 5/12-1001(a)

Total: 2,000.00 2,000.00

400.00

400.00

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Page 13 of 41 Document

B6D (Official Form 6D) (12/07)

| In re | Tommy Benjamin | Case No. |  |
|-------|----------------|----------|--|
| _     |                | Debtor   |  |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN    | UNLLQULDA        | D I S P U T E D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|------------------------|--|--------------|------------------|-----------------|--|---------------------------------|
| Account No. xxxxx5923  |                 |                        | Opened 7/01/08 Last Active 8/14/13   | Т            | A<br>T<br>E<br>D |                 |  |                                 |
| American Honda Finance<br>Po Box 168088<br>Irving, TX 75016  |                 | -                      | Automobile   |              |                  |                 |  |                                 |
|  |                 |                        | Value \$ Unknown   |              |                  |                 | 0.00   | 0.00                            |
| Account No. xxxxxxxxxxxx0001   |                 |                        | Opened 10/01/14 Last Active 3/02/15  |              |                  |                 |  |                                 |
| Amr Eagle Bk<br>556 Randall Road<br>South Elgin, IL 60177  |                 | _                      | 2015 Toyota Camry  |              |                  |                 |  |                                 |
|  |                 |                        | Value \$ 28,000.00   |              |                  |                 | 27,491.00  | 0.00                            |
| Account No.  |                 |                        | Value \$   |              |                  |                 |  |                                 |
| Account No.  |                 |                        |  |              |                  |                 |  |                                 |
|  |                 |                        | Value \$   |              |                  |                 |  |                                 |
| _0 continuation sheets attached  |                 | •                      | S<br>(Total of th  | ubt<br>nis p |                  |                 | 27,491.00  | 0.00                            |
|  |                 |                        | (Report on Summary of Sc   |              | ota<br>ule       |                 | 27,491.00  | 0.00                            |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 14 of 41

B6E (Official Form 6E) (4/13)

| In re | Tommy Benjamin | Case No. |
|-------|----------------|----------|
| -     |                | Debtor   |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
|--|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| Domestic support obligations  Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| ☐ Wages, salaries, and commissions  Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen  Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| ☐ Deposits by individuals  Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
| ☐ Taxes and certain other debts owed to governmental units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| Commitments to maintain the capital of an insured depository institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
| ☐ Claims for death or personal injury while debtor was intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 15 of 41

B6F (Official Form 6F) (12/07)

| In re | Tommy Benjamin |        | Case No. |  |
|-------|----------------|--------|----------|--|
| -     |                | Debtor |          |  |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box if debtor has no creditors holding unsecure  | ea c     | тан                    | ns to report on this Schedule F.  |            |             |                 |           |                 |
|---|----------|------------------------|---|------------|-------------|-----------------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu<br>H<br>V<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNL-QU-DAH  | D I S P U T E D |           | AMOUNT OF CLAIM |
| Account No. xx1168  |          |                        |   | Т          | T<br>E<br>D |                 |           |                 |
| Centegra Hospital Woodstock<br>PO Box 7702<br>Carol Stream, IL 60197                              |          | -                      |   |            |             |                 |           | 25.00           |
| Account No.   | T        |                        |   | T          | Г           | r               | †         |                 |
| Centegra Physician Care Neurology<br>750 E Terra Cotta Ave, Ste A<br>Crystal Lake, IL 60014       |          | _                      |   |            |             |                 |           | 200.00          |
| Account No.   | $\vdash$ |                        |   |            | H           | H               | +         |                 |
| Crystal Lake Public Library<br>126 W Paddock St<br>Crystal Lake, IL 60014                         |          | -                      |   |            |             |                 |           | 50.00           |
| Account No.   |          |                        |   |            |             | T               | $\dagger$ |                 |
| Dr. Daya B Solbicomong<br>7105 Virginia Rd, Ste 7<br>Crystal Lake, IL 60014                       |          | -                      |   |            |             |                 |           | 15.00           |
| continuation sheets attached  |          | •                      |   | Subt       |             |                 | 1         | 290.00          |
| Communion blocks actualled  |          |                        | (Total of t   | his 1      | pag         | re)             | ) [       | _55.66          |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 16 of 41

B6F (Official Form 6F) (12/07) - Cont.

| In re | Tommy Benjamin | Case No |  |
|-------|----------------|---------|--|
| _     |                | Debtor  |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          |             |   | _         | _            | _            | _,              |                 |
|--|----------|-------------|---|-----------|--------------|--------------|-----------------|-----------------|
| CREDITOR'S NAME,   | CO       | Hu          | sband, Wife, Joint, or Community  | S         | U            | 1            | Ρĺ              |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | ONTINGENT | UNLIQUIDATED |              | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxxx0001  |          |             | Opened 9/01/13 Last Active 3/31/15  | T         | E            |              |                 |                 |
| Fed Loan Serv<br>Po Box 60610<br>Harrisburg, PA 17106                            |          | -           | Educational   |           | D            |              |                 | 3,574.00        |
| Account No. xxxxxxxxxxxx0002   | t        |             | Opened 9/01/13 Last Active 3/31/15  | 十         | t            | $^{\dagger}$ | $\dashv$        |                 |
| Fed Loan Serv<br>Po Box 60610<br>Harrisburg, PA 17106                            | -        | -           | Educational   |           |              |              |                 |                 |
|  |          |             |   |           |              |              |                 | 778.00          |
| Account No.  | ┢        |             |   | +         | +            | t            |                 |                 |
| McHenry Public Library<br>809 Front St<br>McHenry, IL 60050                      |          | -           |   |           |              |              |                 |                 |
|  |          |             |   |           |              |              |                 | 50.00           |
| Account No.  |          |             |   |           |              |              |                 |                 |
|  |          |             |   |           |              |              |                 |                 |
| Account No.  | f        |             |   | +         |              | $\dagger$    | $\dashv$        |                 |
|  |          |             |   |           |              |              |                 |                 |
| Sheet no. 1 of 1 sheets attached to Schedule of                                  |          |             |   | Sub       |              |              | - 1             | 4,402.00        |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   |           |              |              | ı               |                 |
|  |          |             | (Report on Summary of So  |           | Fota<br>dule |              | - 1             | 4,692.00        |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 17 of 41

B6G (Official Form 6G) (12/07)

| In re | Tommy Benjamin                        | Case No. |
|-------|---------------------------------------|----------|
|       | , , , , , , , , , , , , , , , , , , , | Debtor , |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 18 of 41

B6H (Official Form 6H) (12/07)

| In re | Tommy Benjamin |        | Case No. |  |
|-------|----------------|--------|----------|--|
|       |                | Debtor |          |  |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

# Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 19 of 41

| Eill               | in this information to identify your ca  |                              |  |                     |                           |  |                            |                           |                 |
|--------------------|--|------------------------------|--|---------------------|---------------------------|--|----------------------------|---------------------------|-----------------|
|                    | otor 1 Tommy Ben   |                              |  |                     |                           |  |                            |                           |                 |
| _                  | otor 2 ouse, if filing)  |                              |  |                     | _                         |  |                            |                           |                 |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC           | CT OF ILLINOIS                                   |                     | _                         |  |                            |                           |                 |
|                    | se number<br>nown)   |                              | -  |                     |                           | eck if this is: An amende A suppleme 13 income a | nt showing                 |                           | n chapter       |
| 0                  | fficial Form B 6I  |                              |  |                     |                           | MM / DD/ Y                                       |                            | owing date.               |                 |
| S                  | chedule I: Your Inc  | ome                          |  |                     |                           | IVIIVI / DD/ 1                                   |                            |                           | 12/13           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | are married and not filing w | ng jointly, and your s<br>ith you, do not includ | pouse i<br>e inforr | s living wi<br>nation abo | th you, inclu<br>out your spo                    | ide informa<br>use. If mor | ation about<br>e space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |                              | Debtor 1   |                     |                           | Debtor 2   | or non-filir               | ng spouse                 |                 |
|                    | If you have more than one job,   | Employment status            | ☐ Employed                                       |                     |                           | ☐ Emplo  | •                          |                           |                 |
|                    | attach a separate page with<br>information about additional<br>employers.  | . ,                          | ■ Not employed                                   |                     |                           | ☐ Not er   | nployed                    |                           |                 |
|                    | Include part-time, seasonal, or  | Occupation Employer's name   |  |                     |                           |  |                            |                           |                 |
|                    | self-employed work.  Occupation may include student or homemaker, if it applies.   | Employer's address           |  |                     |                           |  |                            |                           |                 |
|                    |  | How long employed t          | here?  |                     |                           |  |                            |                           |                 |
| Pai                | rt 2: Give Details About Mor   | nthly Income                 |  |                     |                           |  |                            |                           |                 |
|                    | mate monthly income as of the dause unless you are separated.  | ate you file this form. If   | you have nothing to re                           | port for            | any line, w               | rite \$0 in the                                  | space. Inclu               | ıde your noı              | n-filing        |
|                    | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                              | ombine the information                           | for all e           | mployers f                | or that perso                                    | n on the line              | es below. If              | you need        |
|                    |  |                              |  |                     | For D                     | Pebtor 1   | For Debt                   | or 2 or<br>g spouse       |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   | ry, and commissions (b       | efore all payroll<br>ly wage would be.           | 2.                  | \$                        | 0.00   | \$                         | N/A                       |                 |
| 3.                 | Estimate and list monthly overt  | ime pay.                     |  | 3.                  | +\$                       | 0.00   | +\$                        | N/A                       |                 |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.               |  | 4.                  | \$                        | 0.00   | \$                         | N/A                       |                 |

# Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 20 of 41

| Deb | tor 1      | Tommy Benjamin                                      |  |              | Case r      | number ( <i>if kno</i> i | vn)               |                    |                            |             |
|-----|------------|---|--|--------------|-------------|--------------------------|-------------------|--------------------|----------------------------|-------------|
|     |            |   |  |              | For         | Debtor 1                 |                   |                    | ebtor 2 or<br>iling spouse |             |
|     | Copy       | y line 4 here                                       |  | 4.           | \$          | 0.0                      | 00                | \$                 | N/A                        |             |
| 5.  | List       | all payroll deductions:                             |  |              | ·           |                          |                   |                    |                            |             |
| ٥.  | 5a.        | Tax, Medicare, and Social Secur                     | ity deductions                           | 5a.          | \$          | 0.0                      | 20                | \$                 | N/A                        |             |
|     | 5b.        | Mandatory contributions for reti                    | -  | 5b.          | \$          | 0.0                      |                   | \$                 | N/A                        |             |
|     | 5c.        | Voluntary contributions for retir                   | ement plans                              | 5c.          | \$          |                          | 00                | \$                 | N/A                        |             |
|     | 5d.        | Required repayments of retirem                      | ent fund loans                           | 5d.          | \$          | 0.0                      | 00                | \$                 | N/A                        |             |
|     | 5e.        | Insurance   |  | 5e.          | \$          | 0.0                      | 00                | \$                 | N/A                        |             |
|     | 5f.        | Domestic support obligations                        |  | 5f.          | \$          | 0.0                      | 00                | \$                 | N/A                        |             |
|     | 5g.        | Union dues  |  | 5g.          | \$          | 0.0                      | _                 | \$                 | N/A                        |             |
|     | 5h.        | Other deductions. Specify:                          |  | 5h.+         | \$ <u></u>  | 0.0                      | 00                | + \$ <u> </u>      | N/A                        |             |
| 6.  | Add        | the payroll deductions. Add lines                   | 5a+5b+5c+5d+5e+5f+5g+5h.                 | 6.           | \$ <u> </u> | 0.0                      | 00                | \$                 | N/A                        |             |
| 7.  | Calc       | ulate total monthly take-home pay                   | y. Subtract line 6 from line 4.          | 7.           | \$          | 0.0                      | 00                | \$                 | N/A                        |             |
| 8.  |            | all other income regularly receive                  |  |              |             |                          |                   |                    |                            |             |
|     | 8a.        | Net income from rental property profession, or farm | and from operating a business,           |              |             |                          |                   |                    |                            |             |
|     |            | Attach a statement for each prope                   |  |              |             |                          |                   |                    |                            |             |
|     |            | receipts, ordinary and necessary b                  | ousiness expenses, and the total         | 0-           | Ф           |                          |                   | Ф                  |                            |             |
|     | 8b.        | monthly net income.  Interest and dividends         |  | 8a.<br>8b.   | ф <u> —</u> | 0.0                      |                   | \$ <u> </u>        | N/A<br>N/A                 |             |
|     | 8c.        |   | ou, a non-filing spouse, or a depende    |              | Ψ           | 0.0                      | <u> </u>          | Ψ                  | IN/A                       |             |
|     | 00.        | regularly receive                                   |  |              |             |                          |                   |                    |                            |             |
|     |            |   | child support, maintenance, divorce      |              | •           |                          |                   | •                  |                            |             |
|     | 0.4        | settlement, and property settlemen                  | nt.                                      | 8c.          | \$ <u> </u> | 0.0                      |                   | \$                 | N/A                        |             |
|     | 8d.        | Unemployment compensation                           |  | 8d.          | »—          | 0.0                      | _                 | » <u> —</u>        | N/A                        |             |
|     | 8e.<br>8f. | Social Security Other government assistance th      | est you regularly receive                | 8e.          | Φ—          | 723.0                    | <del>)</del>      | <u> Ф</u>          | N/A                        |             |
|     | OI.        | Include cash assistance and the va                  | alue (if known) of any non-cash assista  | nce          |             |                          |                   |                    |                            |             |
|     |            | Nutrition Assistance Program) or h                  | mps (benefits under the Supplemental     |              |             |                          |                   |                    |                            |             |
|     |            | Specify: Food Stamp and A                           |  | 8f.          | \$          | 124.0                    | 00                | \$                 | N/A                        |             |
|     | 8g.        | Pension or retirement income                        |  | 8g.          | \$          | 0.0                      |                   | \$                 | N/A                        |             |
|     | _          |   | Family assistance (to pay food           |              |             |                          |                   |                    |                            |             |
|     | 8h.        | Other monthly income. Specify:                      | cost)                                    | 8h.+         | \$          | 200.0                    | 00                | + \$ <u> </u>      | N/A                        |             |
| 9.  | Add        | all other income. Add lines 8a+8b                   | +8c+8d+8e+8f+8g+8h.                      | 9.           | \$          | 1,047.0                  | 00                | \$                 | N/A                        | ]           |
|     |            |   | -  | [            |             |                          | 크                 |                    |                            | <u> </u>    |
| 10. | Calc       | ulate monthly income. Add line 7                    | + line 9.                                | 10. \$       | 1           | ,047.00 +                | \$                |                    | N/A = \$                   | 1,047.00    |
|     | Add        | the entries in line 10 for Debtor 1 an              | d Debtor 2 or non-filing spouse.         | _            |             | ,                        | _                 |                    |                            | •           |
| 11. | State      | e all other regular contributions to                | the expenses that you list in Sched      | ule J.       |             |                          |                   |                    |                            |             |
|     | Inclu      | de contributions from an unmarried                  | partner, members of your household, you  |              | dents,      | your roomm               | ates              | , and              |                            |             |
|     |            | r friends or relatives.                             | uded in lines 2-10 or amounts that are r | ot ovoilabl  | lo to n     | ovpopoo                  | liote             | nd in Cal          | hadula I                   |             |
|     | Spec       |   | dued in lines 2-10 or amounts that are r | iot availabl | e to pa     | ау ехрепъез              | 11510             | 50 III 30 <i>1</i> | 11. <b>+</b> \$            | 0.00        |
|     | •          |   |  |              |             |                          |                   |                    |                            |             |
| 12. |            |   | line 10 to the amount in line 11. The    |              |             |                          |                   |                    |                            |             |
|     | appli      | -   | chedules and Statistical Summary of Ce   | rtain Liabii | ities ai    | na Related I             | Jata <sub>.</sub> | , IT IT            | 12. \$                     | 1,047.00    |
|     | аррп       |   |  |              |             |                          |                   |                    | Combin                     | !           |
|     |            |   |  |              |             |                          |                   |                    | Combine monthly            |             |
| 13. | Do y       | ou expect an increase or decreas                    | e within the year after you file this fo | rm?          |             |                          |                   |                    |                            | <del></del> |
|     |            | No.   |  |              |             |                          |                   |                    |                            |             |
|     |            | Yes. Explain:                                       |  |              |             |                          |                   |                    |                            |             |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 21 of 41

|            |                             |                                     |                         |  |  | _             |  |  |   |
|------------|-----------------------------|-------------------------------------|-------------------------|--|--|---------------|--|--|---|
| Fill i     | n this informat             | tion to identify yo                 | our case:               |  |  |               |  |  |   |
| Debt       | or 1                        | Tommy Benj                          | iomin                   |  |  | Che           | eck if this is:                              |  |   |
| DCDI       | 01 1                        | Tollilly Bell                       | allilli                 |  |  |               | An amended filing                            |  |   |
| Debt       | or 2                        |                                     |                         |  |  |               | J  | ving post-petition chap                  | ter                                     |
|            | use, if filing)             |                                     |                         |  |  |               | 13 expenses as of                            |  |   |
| ` .        |                             |                                     |                         |  |  |               |  |  |   |
| Unite      | ed States Bankru            | uptcy Court for the                 | : NORTH                 | IERN DISTRICT OF ILLIN                       | OIS  |               | MM / DD / YYYY                               |  |   |
| Case       | e number                    |                                     |                         |  |  |               | A separate filing for                        | Debtor 2 because De                      | ebtor                                   |
|            | iown)                       |                                     |                         |  |  |               | 2 maintains a sepa                           |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| `          | <i>,</i>                    |                                     |                         |  |  |               |  |  |   |
| <b>Ω</b> ( | e: -: - 1 □ -               | D O I                               |                         |  |  |               |  |  |   |
|            | <u>ficial Fo</u>            |                                     | _                       |  |  |               |  |  |   |
| Sc         | hedule                      | J: Your I                           | Expen                   | ises   |  |               |  | 1  | 2/13                                    |
| Be a       | as complete a               | and accurate as<br>ore space is ne  | possible.<br>eded, atta | If two married people ar                     | e filing together, bo<br>form. On the top of | oth are equal | ually responsible fo<br>ional pages, write y | r supplying correct<br>our name and case |   |
| num        | nber (if know               | n). Answer ever                     | y question              | n.   | -  | -             |  |  |   |
| Part       | 1: Descri                   | ibe Your House                      | hold                    |  |  |               |  |  |   |
| 1.         | Is this a join              |                                     |                         |  |  |               |  |  |   |
|            | ■ No. Go to                 |                                     |                         |  |  |               |  |  |   |
|            |                             |                                     | in a aanar              | oto havoohald?                               |  |               |  |  |   |
|            |                             |                                     | n a separa              | ate household?                               |  |               |  |  |   |
|            |                             |                                     |                         |  |  |               |  |  |   |
|            | □ Ye                        | es. Debtor 2 mus                    | st file a sep           | arate Schedule J.                            |  |               |  |  |   |
| 2.         | Do you have                 | e dependents?                       | ■ No                    |  |  |               |  |  |   |
|            | Do not list De<br>Debtor 2. | ebtor 1 and                         | ☐ Yes.                  | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor     |               | Dependent's age                              | Does dependent live with you?            |   |
|            | Do not state                | the                                 |                         |  |  |               |  | □ No                                     |   |
|            | dependents'                 |                                     |                         |  |  |               |  | ☐ Yes                                    |   |
|            |                             |                                     |                         |  |  |               |  | □ No                                     |   |
|            |                             |                                     |                         |  |  |               |  | ☐ Yes                                    |   |
|            |                             |                                     |                         |  |  |               |  | □ No                                     |   |
|            |                             |                                     |                         |  |  |               |  | ☐ Yes                                    |   |
|            |                             |                                     |                         |  | -  |               |  | □ No                                     |   |
|            |                             |                                     |                         |  |  |               |  | ☐ Yes                                    |   |
| 3.         | Do your exp                 | enses include                       |                         | No   |  |               |  |  |   |
|            | expenses of                 | people other the                    | han $_{\square}$        | • • •  |  |               |  |  |   |
|            | yourself and                | d your depende                      | nts? □                  | Yes  |  |               |  |  |   |
| Part       | 2: Estima                   | ate Your Ongoi                      | na Monthi               | v Evnenses                                   |  |               |  |  |   |
|            |                             |                                     |                         | uptcy filing date unless y                   | ou are using this fo                         | orm as a s    | upplement in a Cha                           | pter 13 case to repo                     | rt                                      |
| expe       |                             |                                     |                         | y is filed. If this is a supp                |  |               |  |  |   |
| Inali      | uda avnanca                 | a naid far with r                   | non ooch                | government assistance i                      | i vou know                                   |               |  |  |   |
|            |                             |                                     |                         | sluded it on <i>Schedule I:</i> Y            |  |               |  |  |   |
|            | icial Form 6l.              |                                     |                         |  | our moomo                                    |               | Your expe                                    | enses                                    |   |
|            |                             | _                                   |                         |  |  |               |  |  |   |
| 4.         |                             | r home owners<br>d any rent for the |                         | ses for your residence. In                   | nclude first mortgage                        | e<br>4.       | \$   | 124.00                                   |   |
|            | payments an                 | d any tention the                   | e ground o              | i iot.                                       |  |               | ·  |  |   |
|            | If not include              | ed in line 4:                       |                         |  |  |               |  |  |   |
|            | 4a. Real e                  | state taxes                         |                         |  |  | 4a.           | \$   | 0.00                                     |   |
|            | 4b. Proper                  | rty, homeowner's                    | s, or renter'           | 's insurance                                 |  | 4b.           | \$   | 0.00                                     |   |
|            | 4c. Home                    | maintenance, re                     | pair, and u             | ıpkeep expenses                              |  | 4c.           | \$   | 0.00                                     |   |
|            | 4d. Homeo                   | owner's associat                    | ion or cond             | dominium dues                                |  | 4d.           | \$   | 0.00                                     |   |
| 5.         | Additional n                | nortgage payme                      | ents for yo             | our residence, such as ho                    | me equity loans                              | 5.            | \$   | 0.00                                     |   |

# Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 22 of 41

| Sec.   Telephone, cell phone, Internet, satellite, and cable services   Sec.   \$ 40.00  | Debtor 1               | Tommy Benjamin   | Case num          | ber (if known)                        |                          |
|--|------------------------|--|-------------------|---------------------------------------|--------------------------|
| Electricity, heat, natural gas   6a   \$   60.06   | 6. Utiliti             | iae:   |                   |                                       |                          |
| Sec.   Telephone, cell phone, Internet, satellite, and cable services   Sec.   \$ 40.00  |                        |  | 6a.               | \$                                    | 60.00                    |
| 6c.   Elephone, cell phone, Internet, satellite, and cable services   6c.   \$   40.00   6d.   Other: Specify:   6d.   \$   0.00   Food and housekeeping supplies   7.   \$   255.00   Childcare and children's education costs   8.   \$   0.00   Childcare and children's education costs   10.   \$   30.00   Personal care products and services   10.   \$   30.00   Medical and dental expenses   11.   \$   0.00   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books   14.   \$   0.00   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a.   \$   0.00   15b. Health insurance   15b.   \$   0.00   15c. Vehicle insurance   15c.   \$   0.00   15c. Vehicle insurance.   15c.   \$   0.00   15c. Other: Insurance.   15c.   \$   0.00   15c. Other insurance.   15c.   \$   0.00   15c. Vehicle insurance.   15c.   \$   0.00   15d. Other insurance.   \$   |                        | e de la companya de                    |                   | ·                                     | 0.00                     |
| 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7. \$ 250.00 Food and housekeeping supplies 7. \$ 250.00 Clothing, laundry, and dry cleaning 9. \$ 10.00 Personal care products and services 10. \$ 30.00 Medical and dental expenses 111. \$ 0.00 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 Charitable contributions and religious donations 14. \$ 0.00 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 5pecify: 15c. \$ 50.00 15d. Other insurance. Specify: 15d. \$ 0.00 Insulament or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 275.00 Installment or lease payments for Vehicle 2 17b. \$ 0.00 Installment or lease payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. \$ 0.00 17d. Other sp   |                        |  |                   | · · · · · · · · · · · · · · · · · · · |                          |
| Food and housekeeping supplies   |                        |  |                   |                                       |                          |
| Childcare and children's education costs   8.    \$   0.00   |                        |  |                   |                                       |                          |
| Clothing, laundry, and dry cleaning  |                        | . •  |                   | ·                                     |                          |
| Personal care products and services  |                        |  |                   | ·                                     |                          |
| Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13.\$ 0.00 Charitable contributions and religious donations 14.\$ 0.00 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance specify: 15c. Vehicle insurance 15d. Other insurance, specify: 15d. Other insurance, specify: 15d. Car payments for Vehicle 1 17a. \$ 275.00 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. \$ 0.00 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17d. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Specify: 17d   |                        |  |                   | ·                                     |                          |
| Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00 Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15c. Vehicle insurance 15d. S 0.00 15c. Vehicle insurance 15d. S 0.00 15d. Other insurance.  15d. Other insurance.  15d. Other insurance.  15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify:  17d. Other specify:  17d. Other specify:  17d. Other specify:  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6t).  17d. Other payments you make to support others who do not live with you.  17d. Other payments you make to support others who do not live with you.  17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20d. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or rener's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. Ma   |                        |  |                   |                                       |                          |
| Do not include car payments.  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. \$   |                        | •  | 11.               | Ψ                                     | 0.00                     |
| Entertainment, clubs, recreation, newspapers, magazines, and books   13. \$   0.00   |                        |  | 12.               | \$                                    | 70.00                    |
| Charitable contributions and religious donations   14. \$   0.00   Insurance.  |                        |  | 13.               | \$                                    | 0.00                     |
| Insurance  |                        | · · · · · · ·  | 14.               | \$                                    |                          |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15b. \$   0.00   15b. Health insurance   15b. \$   0.00   15c. Vehicle insurance   15c. \$   50.00   15c. Vehicle insurance. Specify:   15d. \$   0.00   15d. Other insurance. Specify:   16b. \$   0.00   15d. Other insurance. Specify:   16c. \$   0.00   15d. Other insurance. Specify:   16c. \$   0.00   15d. Other insurance. Specify:   16c. \$   0.00   15d. Other insurance spayments:   16c. \$   0.00   15d. Installment or lease payments:   17a. \$   275.00   17b. Car payments for Vehicle 1   17a. \$   275.00   17b. Car payments for Vehicle 2   17b. \$   0.00   17c. Other. Specify:   17c. \$   0.00   17d. Other. Specify:   17d. \$   0.00   17d. Other. Specify:   17d. \$   0.00   17d. Other. Specify:   17d. \$   0.00   17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).   18. \$   0.00   17d. Other payments of unit income, and support the swith you.   17d. \$   0.00   17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a. Mortgages on other property   20a. \$   0.00   20a. Mortgages on other property   20a. \$   0.00   20b. Real estate taxes   20b. \$   0.00   20c. Property, homeowner's, or renter's insurance   20c. \$   0.00   20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00   20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00   20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00   20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00   20d. Homeowner's association or condominium dues   20e. \$   0.00   20d. Wour monthly expenses. Add lines 4 through 21.   22   909.00   23a. Copy jour monthly expenses from line 22 above.   23a. \$   1,047.00   23b. Copy your monthly expenses from line 22 above.   23c. \$   909.00   23c. Subtract your monthly expenses from your expenses within the year after you file this form?  |                        | •  |                   | · —                                   | 0.00                     |
| 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. \$ 0.00  Installment or lease payments:  17a. Car payments for Vehicle 1 17a. \$ 275.00  17b. Car payments for Vehicle 2 17b. \$ 0.00  17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18 Specify: 19. Other rayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 6I). 18 Specify: 19. Other payments you make to support others who do not live with you. 19. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Specify: 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 21d. +\$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. Specify: 21d. +\$ 0.00  21d. Homeowner's association or condominium dues 22e. Specify: 21d. +\$ 0.00  23e. Copy imenthly expenses. 23e. Specify: 24e. Homeowner's accurate and the specific and the specific and the speci   |                        |  |                   |                                       |                          |
| 15c. Vehicle insurance   15c. \$   50.00     15d. Other insurance. Specify:  |                        | , , ,  | 15a.              | \$                                    | 0.00                     |
| 15c. Vehicle insurance   15c. \$   50.00   15d. Other insurance. Specify:   15d. \$   0.00   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:   16. \$   0.00   Installment or lease payments:   17a. \$   275.00   17b. Car payments for Vehicle 1   17a. \$   275.00   17c. Other. Specify:   17c. \$   0.00   17c. Other. Specify:   17c. \$   0.00   17d. Other. Specify:   17d. \$   0.00   17d. Other. Specify:   17d. \$   0.00   17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 61).   18. \$   0.00   17e. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 61).   18. \$   0.00   17e. Other payments you make to support others who do not live with you. \$   0.00   18  | 15b.                   | Health insurance   | 15b.              | \$                                    | 0.00                     |
| 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. \$ 0.00 Installment or lease payments:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Specify: 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18 Specify: 19 19 19 19 19 19 19 19 19 19 19 19 19   | 15c.                   | Vehicle insurance  | 15c.              | \$                                    | 50.00                    |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. \$ 0.00 Installment or lease payments:  17a. Car payments for Vehicle 1 17b. \$ 275.00 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other specify: 17d. Other specify: 17d. Other specify: 18. \$ 0.00 18. \$ 0.00 19 Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19 Other payments you make to support others who do not live with you. 19 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. The result is your monthly expenses. 21d. +\$ 0.00 22d. Subtract your monthly expenses 22d. \$ 0.00 23b. Copy your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form?   | 15d.                   | Other insurance. Specify:  | 15d.              | \$                                    | 0.00                     |
| Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. S 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19  | . Taxe                 | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  |                   |                                       |                          |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Specify: 18. Specify: 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Specify: 21. +\$ 0.00 20c. Property, homeowner's association or condominium dues 20e. Specify: 21. +\$ 0.00 20c. Property specify: 21. +\$ 0.00 20c. Specify: 21. +\$ 0.00 20c. Specify: 22. Specify: 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Specify: 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly net income. 23c. Subtract your monthly net income. 23c. Subtract your monthly net income.  | Speci                  | sify:  | 16.               | \$                                    | 0.00                     |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Specify: 18d. Specify: 19d.  | '. Insta               | allment or lease payments:   |                   |                                       |                          |
| 17c. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 18. Specify: 18. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20b. Specify: 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify: 21 +\$ 0.00 20e. Homeowner's association or condominium dues 20e. Specify: 21 +\$ 0.00 22e. Calculate your monthly expenses. 22e. Specify: 22e. Specify: 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form?   | 17a.                   | Car payments for Vehicle 1   | 17a.              | \$                                    | 275.00                   |
| 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  0.00  20b. Real estate taxes  20b. \$  0.00  20c. Property, homeowner's, or renter's insurance  20c. \$  0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  Other: Specify:  21. +\$  0.00  Other: Specify:  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly expenses.  Calculate your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your expenses within the year after you file this form?   | 17b.                   | Car payments for Vehicle 2   | 17b.              | \$                                    | 0.00                     |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  20ther: Specify:  21. +\$  0.00  21. +\$  0.00  22. \$  909.00  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Copy your monthly expenses from your monthly income.  23b. Copy your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly net income.  | 17c.                   | Other. Specify:  | 17c.              | \$                                    | 0.00                     |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  Other: Specify:  21. +\$  0.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly expenses.  Calculate your monthly expenses from line 22 above.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$  138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?   | 17d.                   | Other. Specify:  | 17d.              | \$                                    | 0.00                     |
| Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  20e. Homeowner's association or condominium dues  20f. Your monthly expenses. Add lines 4 through 21.  The result is your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 138.0i  |                        |  |                   |                                       | 0.00                     |
| Specify:   |                        |  | ). <sup>18.</sup> | \$                                    |                          |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a. \$  0.00 20b. Real estate taxes 20b. \$  0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$  0.00 20e. Homeowner's association or condominium dues 20e. \$  0.00 20e. Homeowner's association or condominium dues 20e. \$  0.00 21. +\$  0.00 22. \$  23. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$  138.00 25c. \$  138.00 26c. \$  27c. \$  28c. \$  29c. \$  29c   |                        |  |                   | \$                                    | 0.00                     |
| 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$  20e. Homeowner's association or condominium dues 20e. \$  20f. \$  20d. \$  21d. +\$  21d. +\$  22d. \$  22d. \$  23d. \$  24d. \$  24d. \$  25d. \$  26d. \$  2 |                        |  |                   |                                       |                          |
| 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$  0.00  Other: Specify: 21. +\$  0.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$  138.06  |                        |  |                   |                                       | 0.00                     |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  Other: Specify: 21. +\$ 0.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?  |                        |  |                   | ·                                     |                          |
| 20d. Maintenance, repair, and upkeep expenses  20d. \$  20e. Homeowner's association or condominium dues  20e. \$  20e. \$  20e. \$  21. +\$  22. \$  23e. Calculate your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$  138.06   |                        |  |                   |                                       |                          |
| 20e. Homeowner's association or condominium dues  Other: Specify:  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 1,047.00  23c. \$ 909.00  138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?   |                        | • •  |                   |                                       |                          |
| Other: Specify:  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 1,047.00  23d. \$ 909.00  23d. \$ 1,047.00  23d. \$ 138.00  23d. \$ 138.00   |                        |  |                   | ·                                     |                          |
| Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 1,047.00  909.00  138.00  23c. \$ 23c. \$ 138.00  |                        |  |                   | · ·                                   | 0.00                     |
| The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 1,047.00  909.00  23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?   | . Other                | r: Specify:  | 21.               | +\$                                   | 0.00                     |
| The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 1,047.00  909.00  23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?   | . Your                 | monthly expenses. Add lines 4 through 21.  | 22.               | \$                                    | 909.00                   |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$ 1,047.00  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 138.00  23d. \$ 1,047.00  24d. \$   |                        | • •  |                   |                                       |                          |
| 23b. Copy your monthly expenses from line 22 above.  23b\$ 909.00 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?   | . Calcı                | ulate your monthly net income.   |                   |                                       |                          |
| 23b. Copy your monthly expenses from line 22 above.  23b\$ 909.00 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .  23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?   |                        |  | 23a.              | \$                                    | 1,047.00                 |
| 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?  |                        |  |                   |                                       | 909.00                   |
| The result is your <i>monthly net income</i> . 23c. \$ 138.00  Do you expect an increase or decrease in your expenses within the year after you file this form?  |                        |  |                   |                                       |                          |
| Do you expect an increase or decrease in your expenses within the year after you file this form?   | 23c.                   | Subtract your monthly expenses from your monthly income.   |                   |                                       | 400.00                   |
|  |                        | The result is your monthly net income.   | 23c.              | \$                                    | 138.00                   |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because modification to the terms of your mortgage?   | For ex<br>modifie      | xample, do you expect to finish paying for your car loan within the year or do you expect ication to the terms of your mortgage? |                   |                                       | or decrease because of a |
| No.  |                        |  |                   |                                       |                          |
| ☐ Yes.   | $\square$ Y $\epsilon$ | es.  |                   |                                       | ·                        |

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main

B6 Declaration (Official Form 6 - Declaration). (12/07)

Page 23 of 41 Document

#### **United States Bankruptcy Court Northern District of Illinois**

| In re | Tommy Benjamin |           | Case No. |    |
|-------|----------------|-----------|----------|----|
|       |                | Debtor(s) | Chapter  | 13 |

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|      |                |           | ad the foregoing summary and schedules, consisting of _y knowledge, information, and belief. | 17 |
|------|----------------|-----------|--|----|
| Date | April 15, 2015 | Signature | /s/ Tommy Benjamin Tommy Benjamin Debtor   |    |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 24 of 41

B7 (Official Form 7) (04/13)

#### United States Bankruptcy Court Northern District of Illinois

| In re | Tommy Benjamin |           | Case No. |    |
|-------|----------------|-----------|----------|----|
|       |                | Debtor(s) | Chapter  | 13 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE **\$195.00 2014: Wages \$407.00 2013: Wages** 

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 25 of 41

B7 (Official Form 7) (04/13)

2

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

e a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 26 of 41

B7 (Official Form 7) (04/13)

3

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER American Eagle Bank DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN Feb 2015

DESCRIPTION AND VALUE OF PROPERTY

2015 Toyota Camry

American Eagle Bank 556 Randall Rd South Elgin, IL 60177

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 27 of 41

B7 (Official Form 7) (04/13)

4

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

 $\label{eq:relationship} \textbf{RELATIONSHIP TO DEBTOR} \\ \textbf{Pauly Toyota} \\$ 

DATE
Oct 2014

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Traded in 2011 toyota camry

None

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled

trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE DATE(S) OF TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

NAME AND ADDRESS OF INSTITUTION

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Page 28 of 41 Document

| 37 (Official Form 7) (04/13) |
|------------------------------|
|------------------------------|

#### 15. Prior address of debtor

None 

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 

NAME USED

DATES OF OCCUPANCY

210 Elmhurst Rd, Apt 102, Crystal Lake IL 192 Elmhurst Rd, Apt 301, Crystal Lake IL 2013-2015 2006-2013

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

None

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

GOVERNMENTAL UNIT

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Page 29 of 41 Document

B7 (Official Form 7) (04/13)

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six **years** immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

**BEGINNING AND** 

NAME (ITIN)/ COMPLETE EIN ADDRESS NATURE OF BUSINESS **ENDING DATES** 

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

**ADDRESS** NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

None

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

**ADDRESS** 

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 30 of 41

B7 (Official Form 7) (04/13)

7

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 31 of 41

B7 (Official Form 7) (04/13)

8

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 15, 2015

Signature /s/ Tommy Benjamin

Tommy Benjamin

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 32 of 41

#### United States Bankruptcy Court Northern District of Illinois

| In r | e Tommy Benjamin  |  | Case No.                              |                                  |       |
|------|---|--|---------------------------------------|----------------------------------|-------|
|      |   | Debtor(s)  | Chapter                               | 13                               |       |
|      | DISCLOSURE OF CO  | OMPENSATION OF ATTOR   | NEY FOR DE                            | CBTOR(S)                         |       |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy paid to me within one year before the filing of behalf of the debtor(s) in contemplation of or in   | the petition in bankruptcy, or agreed to be  | paid to me, for serv                  |                                  |       |
|      | For legal services, I have agreed to accept   | t  | \$                                    | 4,000.00                         |       |
|      | Prior to the filing of this statement I have  | received   | \$                                    | 0.00                             |       |
|      |   |  |                                       | 4,000.00                         |       |
| 2.   | \$310.00 of the filing fee has been paid.   |  |                                       |                                  |       |
| 3.   | The source of the compensation paid to me was   | is:  |                                       |                                  |       |
|      | ■ Debtor □ Other (specify):   |  |                                       |                                  |       |
| 4.   | The source of compensation to be paid to me is  | s:   |                                       |                                  |       |
|      | ■ Debtor □ Other (specify):   |  |                                       |                                  |       |
| 5.   | ■ I have not agreed to share the above-disclo   | osed compensation with any other person un   | nless they are mem                    | pers and associates of my law    | firm. |
|      | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list  | compensation with a person or persons wh<br>of the names of the people sharing in the co |                                       |                                  | A     |
| 6.   | In return for the above-disclosed fee, I have ag  | greed to render legal service for all aspects  | of the bankruptcy c                   | ase, including:                  |       |
|      | <ul> <li>a. Analysis of the debtor's financial situation,</li> <li>b. Preparation and filing of any petition, scheet</li> <li>c. Representation of the debtor at the meeting</li> <li>d. Representation of the debtor in adversary presentation of the debtor in adversary presentation.</li> </ul> | dules, statement of affairs and plan which ng of creditors and confirmation hearing, and | nay be required;<br>any adjourned hea |                                  |       |
| 7.   | By agreement with the debtor(s), the above-dis  | sclosed fee does not include the following s   | service:                              |                                  |       |
|      |   | CERTIFICATION  |                                       |                                  |       |
| this | I certify that the foregoing is a complete statem bankruptcy proceeding.  | nent of any agreement or arrangement for p   | ayment to me for r                    | epresentation of the debtor(s) i | n     |
| Date | ed: <b>April 15, 2015</b>   | /s/ David Cutler   |                                       |                                  |       |
| 2    |   | David Cutler   |                                       |                                  |       |
|      |   | Cutler & Associate   | s, Ltd                                |                                  |       |
|      |   | 4131 Main Street   |                                       |                                  |       |
|      |   | Skokie, IL 60076<br>847-673-8600 Fax:  | · 947-672-9626                        |                                  |       |
|      |   | david@cutlerltd.co   |                                       |                                  |       |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS (Court-Approved Retention Agreement, revised as of March 15, 2011)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

#### BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly repre-sent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and com-pleteness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

#### ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 36 of 41

| \$ | 4,000.00 |  |
|----|----------|--|
| Ψ  | T,000.00 |  |

Prior to signing this agreement the attorney has received \$ 0.00, leaving a balance due of \$ 4,000.00 . In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

- 2. Early termination of the case. Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 3. Retainers. The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

| □ Any retainer received by the attorney will be treated as an advance payment, allowing the |
|---|
| attorney to take the retainer into income immediately. The reason for this treatment is the |
| following:  |

In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

- 4. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 5. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

| 6. Discharge of the attorney. The de | btor may discharge the attorney at any time. |  |
|--------------------------------------|--|--|
| Date:April 15, 2015                  |  |  |
| Signed:                              |  |  |
| /s/ Tommy Benjamin                   | /s/ David Cutler                             |  |
| Tommy Benjamin                       | David Cutler                                 |  |
|                                      | Attorney for Debtor(s)                       |  |
| Debtor(s)                            |  |  |

Do not sign if the fee amount at top of this page is blank.

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

# Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 38 of 41

Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Page 39 of 41 Document

B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court**

|         |  | thern District of Illinois                                |                      |                               |
|---------|--|---|----------------------|-------------------------------|
| In re   | Tommy Benjamin                                     |   | Case No.             |                               |
|         |  | Debtor(s)   | Chapter              | 13                            |
|         | UNDER § 342(b)                                     | NOTICE TO CONSUM<br>OF THE BANKRUPTO                      |                      | <b>(S)</b>                    |
| Code.   | I (We), the debtor(s), affirm that I (we) have red | ertification of Debtor<br>ceived and read the attached no | otice, as required l | by § 342(b) of the Bankruptcy |
| Tomm    | y Benjamin   | X /s/ Tommy Ber   | njamin               | April 15, 2015                |
| Printed | d Name(s) of Debtor(s)                             | Signature of De   | ebtor                | Date                          |
| Case N  | No. (if known)                                     | X   |                      |                               |
|         |  | Signature of Jo   | int Debtor (if any)  | Date                          |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

# Case 15-81021 Doc 1 Filed 04/15/15 Entered 04/15/15 11:40:01 Desc Main Document Page 40 of 41

#### United States Bankruptcy Court Northern District of Illinois

|       |  | Northern District of Inmois                           |                             |                |  |
|-------|--|---|-----------------------------|----------------|--|
| In re | Tommy Benjamin                             |   | Case No.                    |                |  |
|       |  | Debtor(s)   | Chapter 13                  |                |  |
|       | VE   | RIFICATION OF CREDITOR M                              | <b>IATRIX</b>               |                |  |
|       |  | Number of Creditors:                                  |                             | 8              |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi                | tors is true and correct to | the best of my |  |
| Date: | April 15, 2015                             | /s/ Tommy Benjamin Tommy Benjamin Signature of Debtor |                             |                |  |

American Honda Finance Po Box 168088 Irving, TX 75016

Amr Eagle Bk 556 Randall Road South Elgin, IL 60177

Centegra Hospital Woodstock PO Box 7702 Carol Stream, IL 60197

Centegra Physician Care Neurology 750 E Terra Cotta Ave, Ste A Crystal Lake, IL 60014

Crystal Lake Public Library 126 W Paddock St Crystal Lake, IL 60014

Dr. Daya B Solbicomong 7105 Virginia Rd, Ste 7 Crystal Lake, IL 60014

Fed Loan Serv Po Box 60610 Harrisburg, PA 17106

McHenry Public Library 809 Front St McHenry, IL 60050